

Children's excessive daydreaming in Maladaptive daydreaming: causes and symptoms

Author and translator into English: Michał Surdacki



Wroclaw Medical University

surdacki90@gmail.com

Abstract

Fantasizing is inscribed in children natural development and should not be a cause for concern until it becomes a mechanism of mood regulation. In the Maladaptive daydreaming, the child concentrates its feelings, fears and desires in fantasies. It is fully aware, but it feels compelled to return to fantasy, which is often accompanied by somatic symptoms. Kontradaptacyjne fantazjowanie (in English, Maladaptive daydreaming) is a disturbing absorption of the mind that affects interpersonal interactions, disrupting the child functioning. The article presents literature referring to the problem of excessive fantasizing. The aim of the work is to communicate and approximate, in Polish language, the phenomenon of maladaptive daydreaming. And presenting the role of fantasy in child development. The paper attempts to clarify this phenomenon according to DSM-V, and clinical cases with the proposed treatment.

Fantasies and dreams are an indispensable attribute of a man. Everyone dreams, but not everyone becomes addicted to fantasy and does not use them as an escape mechanism. Already in 1908, Sigmund Freud noted fantasizing as an attempt to solve problems and internal conflicts. At the end of the 1980s, Csikzentmihalyi studied patients who daydreaming for more than half of the day. He noted that 4% of the population has a predisposition to fantasize for longer than just a few minutes. Patients suffering from maladaptive daydreaming in preliminary diagnoses are often diagnosed with schizophrenia or psychosis. This is a misdiagnosis - the basic criterion that differentiates them from the maladaptive daydreaming is the fact of consciousness [7,1]. During daydreaming, patient is fully aware that he fantasizes, knows who he is and what he does. Previous work [1, 2, 3, 4, 8, 10, 10] indicates the beginning of a maladaptive daydreaming in childhood. It is supposed to be a mechanism educated by children

in response to deficiencies or abuses they have experienced. This work aims to signal and approximate the problem and present the previous literature on this phenomenon.

Maladaptive daydreaming is a dissociative mind absorption disorder that can be considered as a behavioral addiction and a compulsive-obsessive disorder that causes a significant deficit of attention [1]. In a sick person, daydreaming substitutes human interaction, separates the fantasizing person from stress and pain by improving mood and creating the illusion of fulfilling wishes. Daydreamer feels the company and intimacy [4] that it missed in its childhood.

Fantasies as a defense mechanism of personality

Fantasy is counted among the defensive mechanisms of personality. In a child, it can play the role of substitute gratification, which is manifested by satisfying its desires in the imagination [28]. Maladaptive daydreaming is a way of dealing with frustration and pressure from the surroundings. Children gradually get used to objects causing their anxiety, but when the fear becomes too big, they cannot cope with it and objectify fear in fantasy [28].

Daydreaming is a tool for solving an emotional conflict, which if overuse, may turn into an undesirable phenomenon. In this case, the child, whenever encounters a difficult situation, escapes into fantasies and does not try to solve the problem in reality. Excessive fantasies appear in children before the age of 10. It is worth to point out that the period between the second and sixth year of life is crucial for emotional development – during this time the child gains the ability to regulate the expression of emotions. At around age of 3, it also begins to feel consciously shame, guilt, jealousy and embarrassment. These emotions appear as a result of contacts with the environment, they shape self-esteem [29]. Social contacts of children in this period manifest themselves through parallel games (with their peers, friends) and alone, which prevail in the group of 4-year-olds. Around 6 years of age occur an emotional stabilization, but if the child has no possibility stay with its peers or is discriminated for some reason the process is disturbed.

In late childhood - between 7 and 11 years old, a young man begins to seek approval from other people. Wanting to arouse positive feelings in them, it adopts conformist attitudes [29]. Under the influence of the circumstances in which it grows up, and the problems faced by its parents, the child may unknowingly (and sometimes consciously) feel the burden for his legal guardians (despite that it is not told it directly). Then, at all costs, it tries to be helpful by "not creating problems" and he cumulates its fear in fantasies.

Fantasies become a strategy for dealing with unpleasant experiences from childhood. The time devoted to them, the compulsion to return and the feeling of comfort and satisfaction in their course are characteristic for behavioural addiction. In addition, patients often feel guilty after fantasizing [1]. Daydreaming becomes a defense mechanism against loneliness, compensation

for the lack of attention from the closest environment. This behavior do not subside after the end of childhood [8, 7, 3]. Another function often mentioned by researchers is disconnection from unpleasant emotions such as shame and loneliness [2,1]. Somer, the first who describe maladaptive daydreaming in 2002, defined it as excessive fantasizing replacing human interactions interfering in academic, interpersonal or professional functioning [4].

Fantasies - disorder

Maladaptive daydreaming can be considered as a dissociative, compulsive-obsessive disorder and behavioral addiction. Patients in the surveys described their fantasies as very intense, absorbing and spontaneous experiences [1], which can be compared to creating its "own worlds" based on fantasies. In the cited works, scales of dissociative experiences (DES) were used [26] and the obtained results were compared with the scale of maladaptive daydreaming (MDS) described below. The comparative analysis showed a significant correlation between the results of both scales [1]

Excessively daydreaming patients emphasize in particular, the difficulty in controlling fantasy and the inability to resist the impulses that lead them into fantasies. Somer draws attention to the similarities with impulse control disorders classified by the American Psychiatric Association in the fifth edition of the classification of mental disorders (DSM-V) [1]. Entering the fantasies brings relief, which is sometimes followed by a feeling of guilt. Bielgsen and Schupak noted in their studies irritation, anxiety, and symptoms of a common cold in some patients who tried to suppress their fantasies [10].

Already at the beginning of the 1980s, the phenomenon of compulsive fantasy was noticed and classified as an addiction [23]. In later studies, Bielgsen and Schupak demonstrated 3 features of maladaptive daydreaming that are characteristic for addiction: loss of control over behaviour, psychosomatic feelings appearing after withdrawal (forced cessation) and the presence of lust [10]. Bielgsen and others noted that more than half of the patients they studied felt a strong need to fantasize right after waking up. It is worth noting that in the same study, 79% of respondents made unsuccessful attempts to stop fantasizing [7].

Diagnosing the maladaptive daydreaming is difficult because of the lack of common knowledge about this phenomenon. The key symptom appear to be specific body movements - described below in the article, and the patient's personal history. Several scales have been created for self-diagnosis and tools for therapists and psychiatrists. The most important tool is the 16-point inventory of a maladaptive daydreaming (MDS-16) [17, 18]. This is a set of questions to which the patient responds, which refers to its experience from the last month (Polish language version is available [5]). Other tools helpful in diagnosing maladaptive daydreaming are scales of compulsive-obsessive inventory (OCI-R) [6, 12], the scale of professional and social

adjustment (WSAS) [9, 11] and the scale of dissociative experiences [13, 14]. Somer et al. carried out research on a sample of 50 patients using the Structured Clinical Interview for the Study of Personality Disorders according to the classification of mental disorders of the American Psychiatric Association (SCID-5-CV) [15, 16]. The disadvantage of the above tools is their maladjustment to work with the child - except for SCID-5 they are helpful instruments for adults.

It's worth taking a look at fantasy themes. Bielsgen and Schupak [10] categorized them in several groups; Their characteristic feature is a high level of detail and the presence of a daydreaming person always in the center of events. In fantasies prevailing content about intimate relationships, being popular and idealizing oneself - patients imagine themselves with character traits that they do not identify with every day. Patient fantasizes about a strong personality, it can imagine conversations with imaginary friends. It can experience feelings during daydreaming, all the time being aware that this situation is not real. Somer [4], in addition to idealizing, lists violence as a very important content of fantasy. Patients may have catastrophic thoughts full of aggression, but usually they are people with a calm temperament. Other fantasies focus on power and control; for example, daydreamers see themselves as a politician or a manager. The plot of violence can be the highlight of concealed and unconscious anger, e.g. at the life situation or childhood events from the past [19] Violence may be also a reflection of desires, feelings and fears [20].

The characteristic feature of the maladaptive daydreaming is kinaesthetic activity that originated in childhood [10]. These are repetitive body movements, such as walking in a circle, rubbing hands, rocking, tensing mimic muscles, saying words, and even simulating a long conversation. Patients, reporting on the activities performed, feel shame. Most often they perform certain repeated movements when they are alone [10]. According to Somer [4] movements performed during fantasy have two basic functions: introduce a fantasizing person into a hypnotic state and strengthen the sensations arising from fantasy through physical stimuli. Repetitive movements have the features of self-stimulation and may affect the release of beta endorphins in the brain, which creates a feeling of pleasure [21]. It should be noted, however, that at the moment this is only a hypothesis.

The therapeutic process

The goal of the therapeutic process is not to completely stop dreaming, because it is a normal phenomenon occurring during mental activity [24]. In January 2018, the only report describing the effective therapeutic process was published [1]. According to it, the first element was the motivational interview [25] aimed at arousing the internal motivation of the patient to act and self-awareness of the consequences that it suffer by fantasizing. Next, elements of cognitive-behavioral therapy were implemented for 6 months. During the therapy patients

developed following behaviours which helped significantly reduce fantasizing: keeping notes on the circumstances in which the patient began to fantasize, preparing the exact day plan and trying to follow it, talking about his progress with the other person, recognizing the triggers that encourage fantasizing and the use of affirmation techniques [1]. Mindfulness training, which is widely used in other therapeutic processes, has become a very important therapeutic element [27]. In the clinical case described by Somer [1], mindfulness meditation has produced the desired results.

Patients suffering from maladaptive daydreaming were subjected to pharmacotherapy with methylphenidate, which is a psychostimulant. However, the effects were opposite to those expected - patients focused even more on their fantasies [1]. There are also reports about treatment of patients with SSRIs - paroxetine and citalopram, but they also failed to produce the desired effect [8]. Schupak and Rosenthal, in their study, reported the clinical case of a patient treated with fluvoxamine. The therapy brought very good results - the patient significantly reduced the amount of time spent on fantasizing [3]. This is the only described case of successful pharmacotherapy in maladaptive daydreaming. In recent years, fellowships of people addicted to fantasy and escapism were formed in the US [22], they adapted the 12-step program of anonymous alcoholics, involving, among other things, accepting powerlessness. Escapism is defined as an escape, detachment from reality and related problems [30]

Maladaptive daydreaming becoming more recognizable phenomenon in 2017 when CNN, BBC and ABC televisions broadcast reports on this phenomenon. In social media arisen groups and forums which focus several thousand members around problem MMD. At the moment, no statistics are kept, but it is certain that children in Poland also face excessive fantasizing. At the time this article was being created, there was no record in the google search engine regarding the maladaptive daydreaming in Polish language. This proves not only the lack of information in Polish, but also the lack of availability of professional help in Poland.

Reports of people covered by the research cited in this work show that their excessive fantasizing started in early childhood. Therefore, it seems crucial to recognize this phenomenon as soon as possible and to undertake a therapeutic process. The effective psychotherapy described above was conducted in the behavioral-cognitive trend, however, it seems that any attention given to the child and look at its problems with it may have positive effects.

Child escaping into fantasies is an obvious signal of the difficulties it facing. Nevertheless, their form and the fact that the child most often fantasizes in loneliness, make it difficult to help. It is worth noting that a child escaping into fantasies can never fully experience the feeling of satisfaction. At the same time fantasies provide him a false sense of security, which further increases the disconnection from his deep, real emotional needs. Over-fantasizing people entering into a youthful period feel a lack of a sense of identity and relatively easily follow

everything that creates illusions of identity. It is a dangerous situation, threatening their mental health and relationships with their peers; may predispose to addiction to psychoactive substances.

The open issue remains influence of physical abuses directed against child's freedom, such as molestation, on maladaptive daydreaming. Researchers cited above did not show a direct correlation between the occurrence of maladaptive daydreaming and sexual harassment.

Bibliography:

- [1] Somer E. (2018). Maladaptive Daydreaming: Ontological Analysis, Treatment Rationale; a Pilot Case Report. *Frontiers in the Psychotherapy of Trauma and Dissociation*. 1. 1-22. 10.XXXX/ftpd.2017.0006.
- [2] Somer E., Herscu O. (2017) Childhood Trauma, Social Anxiety, Absorption and Fantasy Dependence: Two Potential Mediated Pathways to Maladaptive Daydreaming. *J Addict BehavTherRehabilVol: 6 Issue: 4*
- [3] Schupak, C. & Rosenthal, J. (2009). Excessive daydreaming: A case history and discussion of mind wandering and high fantasy proneness. *Consciousness and Cognition: An International Journal*, 18, 290-292. DOI: <http://dx.doi.org/10.1016/j.concog.2008.10.002>
- [4] Somer, E. (2002). Maladaptive daydreaming: A qualitative inquiry. *Journal of ContemporaryPsychotherapy* 32(2), 195-210. DOI: <https://doi.org/10.1023/A:1020597026919>
- [5] The 16-item Maladaptive Daydreaming Scale (MDS-16, Polish version). https://www.somer.co.il/images/MD/Polish_MDS-16.pdf
- [6] Foa, E. B., Huppert, J. D., Leiberg, S., Langner, R., Kichic, R., & Hajcak, G. (2002). The obsessive-compulsive inventory: Development and validation of a short version. *Psychological Assessment*, 14, 485–496.
- [7] Bigelsen, J., Lehrfeld, J.M., Jopp, D.S. & Somer, E. (2016). Maladaptive daydreaming: Evidence for an under-researched mental health disorder. *Consciousness and Cognition*, 42, 254-266. DOI: <http://dx.doi.org/10.1016/j.concog.2016.03.017>
- [8] Somer, E. Somer, L. & Jopp, S.D. (2016). Childhood Antecedents and Maintaining Factors in Maladaptive Daydreaming. *Journal of Nervous and Mental Disease*, 204(6), 471-478. DOI: <http://dx.doi.org/10.1097/NMD.0000000000000507>
- [9] Work and Social Adjustment Scale: <https://serene.me.uk/tests/wsas.pdf> access 26.02.2018
- [10] Bigelsen, J., & Schupak, C. (2011). Compulsive fantasy: Proposed evidence of an under-reported syndrome through a systematic study of 90 self-identified non-normative fantasizers. *Consciousness and Cognition: An International Journal*, 20, 1634-1648. DOI: <http://dx.doi.org/10.1016/j.concog.2011.08.013>

- [11] Marks, I. (1987). Behavioural psychotherapy in general psychiatry. *British Journal Of Psychiatry*.
- [12] The Obsessive Compulsive Inventory OCI-R http://www.caleblack.com/psy5960_files/OCI-R.pdf access 26.02.2018
- [13] Bernstein EM, Putnam FW (1986). "Development, reliability, and validity of a dissociation scale". *J. Nerv. Ment. Dis.* **174** (12): 727–35
- [14] Dissociative Experience Scales (DES): <https://www.hebpsy.net/files/ruZXkl5YGeKcvt6dBZpS.pdf> access 26.02.2018
- [15] Somer E., Soffer-Dudek N., Ross C. The comorbidity of daydreaming disorder. *The Journal of Nervous and Mental Disease*: July 2017 - Volume 205 - Issue 7 - p 525–530.
- [16] First MB, Williams JBW, Karg RS, Spitzer RL: Structured Clinical Interview for DSM-5—Research Version (SCID-5 for DSM-5, Research Version; SCID-5-RV). Arlington, VA, American Psychiatric Association, 2015
- [17] Somer, E., Lehrfeld J., Jopp, D.S., & Bigelsen, J. (2016). Development and Validation of the Maladaptive Daydreaming Scale (MDS). *Consciousness and Cognition*, 39, 77-91. DOI: <http://dx.doi.org/10.1016/j.concog.2015.12.001>
- [19] Vigo, Michael. "Daydream Themes." *What's In Your Dream? - An A to Z Dream Dictionary*. Dream Moods. 2010.
- [20] Lakoff, G. (2016). How metaphor structures dreams: The theory of conceptual metaphor applied to dream analysis. In *Dreams: A Reader on Religious, Cultural and Psychological Dimensions of Dreaming* (pp. 265–284). <http://doi.org/10.1007/978-1-137-08545-0>
- [21] Lewis, M. H., Baumeister, A. A., & Mailman, R. B. (1987). A neurobiological alternative to the perceptual reinforcement hypothesis of stereotyped behavior: a commentary on "Self-stimulatory behavior and perceptual reinforcement". *Journal of Applied Behavior Analysis*, 20(3), 253–258. <http://doi.org/10.1901/jaba.1987.20-253>
- [22] Escapism and Fantasy Addicts Anonymous. <http://www.efaanonymous.com>
- [23] Wilson, S. C., & Barber, T. X. (1981). Vivid fantasy and hallucinatory abilities in the life histories of excellent hypnotic subjects ("somnambulers"): Preliminary report with female subjects. In E. Klinger (Ed.), *Imagery: Vol. 2. Concepts, results, and applications* (pp. 133–149). New York: Plenum.
- [24] Klinger, E. (2009). *Daydreaming and fantasizing: Thought flow and motivation. Handbook of imagination and mental simulation*. New York, NY, US: Psychology Press, 225–239.
- [25] Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.

[26] Dissociative Experience scale: <https://www.hebpsy.net/files/ruZXkl5YGeKcvt6dBZpS.pdf>
access: 04.03.2018

[27] Segal Zindel V., Williams J., Mark G., Teasda. 2017. Terapia poznawcza depresji oparta na uważności. Wydawnictwo Uniwersytetu Jagiellonskiego.

[28] Grzegołowska-Klarkowska H. 1986. Defense mechanisms of personality. PWN Warszawa.

[29] Strelau J. 2003. Basics of psychology vol. 1. Gdańskie Wydaw. Psychologiczne.

[30] Dictionary of the Polish language, definition of escapism.
<https://sjp.pwn.pl/slowniki/eskapizm.html>. access: 04.03.2018